

The Medical Review Division's Findings and Decision of December 18, 2003, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1.

This Amended Findings and Decision supercedes all previous decisions rendered in this matter.

The Medical Review Division rendered a Findings and Decision involving a Medical payment dispute. A decision was issued in favor of the Respondent.

The Findings and Decision incorrectly quoted MFG Ground Rules in the non-reimbursement of CPT codes 97799-CP, 90830, 99361 and 97750 resulting in the issuance of this Notice of Withdrawal.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 02/06/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 90830, 97799-CP, 99361, 97750 and 99424 for the dates of service 08/22/02 through 10/29/02.

II. RATIONALE

The Requestor billed the Respondent \$6,517.00 for CPT codes 90830, 97799-CP, 99361, 97750 and 99424. The respondent reimbursed the requestor \$2,793.00, leaving \$3,724.00 in dispute.

Rule 133.304 (c) requires the insurance carrier to send an EOB that explains the reason for the reduction or denial of payment for services provided by the Requestor.

No denials were noted on the EOBs submitted for the dates of service in dispute, except an EOB with a written denial for the date of service 10/29/02, stating "not in scope of practice", this does not indicate which CPT code was denied and it is difficult to determine its legitimacy. Therefore this dispute will be reviewed as a fee.

The requestor billed \$5,655.00(29 units @ \$195.00 per hour) for CPT code 97799-CP and the respondent reimbursed the requestor \$2,668.00(29 units @ \$92.00 per hour), leaving \$2,987.00 in dispute. The requestor is a non-CARF accredited facility and therefore is subject to a 20% reduction according to MFG MGR (II)(C). The requestor submitted redacted EOBs from other carriers indicating a 100% reimbursement. However, there is one EOB that shows they billed \$175 per hour as recently as 08/03. This is inconsistent U & C billing and MDR will recognize the lesser amount in this dispute of \$175 at 80% reimbursement which = \$140.00 per hour.

The submitted EOBs do support a fair and reasonable rate of reimbursement according

to rule 133.307(g)(3)(D). Therefore, the \$140.00(U & C billing) - \$92.00 reimbursed by the carrier = \$45.00 in additional reimbursement x 29 billed units = **\$1,305.00** of additional reimbursement for CPT code 97799-CP.

According to MFG descriptor and MFG MGR (II)(A)(G)(3), the MAR for CPT code 90830 is \$125.00 per hour. The requestor billed the respondent \$375.00 and the respondent reimbursed the requestor \$125.00, leaving \$250.00 in dispute. The documentation indicates the amount of time on the report is 2 hours. An initial evaluation is not considered to be part of the Chronic Pain Management program and shall be reimbursed separately. Also, all services performed as part of the program is inclusive in the reimbursement of the program. Therefore, based solely on this information additional reimbursement is recommended for CPT code 90830 in the amount of **\$125.00** (2 hours x \$125.00 = \$250.00 - \$125.00 already paid = \$125.00 additional reimbursement).

According to MFG descriptor and MFG MGR (II)(A) and (II)(G)(7)(d), the MAR for CPT code 99361 is \$53.00 for the date of service 09/18/02. Documentation in the case file indicates that this was a medical conference by a physician with a team of health professionals or community agencies. Therefore, reimbursement is recommended for this date of service in the amount of **\$53.00**.

The requestor billed CPT code 97750 in the amount of \$344.00 for the date of service 10/29/02. There was no reimbursement made by the respondent. Documentation in the case file indicates the services were rendered. Therefore, reimbursement is recommended in the amount of **\$344.00**.

The requestor billed CPT code 99424 in the amount of \$90.00 for the date of service 10/29/02, there was no reimbursement made by the requestor. There is no medical documentation in the file to determine that the services billed were delivered. Therefore, reimbursement is not recommended.

III. AMENDED DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for CPT codes 99361, 97750 and 97799-CP in the amount of **\$1,827.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$1,827.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order are hereby issued this 30th day of January 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

MB/mb